

PART B - FEE(S) TRANSMITTAL

O I P E
SEP 14 2006
P A T E N T
U. S. P. T. O.

C and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

001009 7590 07/27/2006

KING & SCHICKLI, PLLC
247 NORTH BROADWAY
LEXINGTON, KY 40507

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| | |
|----------------------------------|--------------------|
| Tanya J. Minilovich | (Depositor's name) |
| <i>[Signature]</i> | (Signature) |
| <i>Septembe 14, 2006 9/14/06</i> | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/729,788 | 12/05/2003 | Hongwei Liu | 552-003 | 2254 |

TITLE OF INVENTION: VEHICLE SAFETY SYSTEM HAVING METHODS AND APPARATUS CONFIGURABLE FOR VARIOUS VEHICLE GEOMETRIES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 10/27/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| MANCHO, RONNIE M. | 3663 | 701-029000 |

09/14/2006 TBESHAH2 00000102 110978 10729788

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Full-View-Matic, Inc.

New Albany, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)

- A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0978 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Michael T. SandersonDate 9-14-06Typed or printed name Michael T. SandersonRegistration No. 43,082

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Trademark Office: U.S. DEPARTMENT OF COMMERCE



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RELATED CASES

OF COUNSEL

J. RALPH KING

FACSIMILE TRANSMISSION

| | |
|---|--|
| | NAME: COMMISSIONER FOR PATENTS - Box Issue Fee |
| To: | COMPANY: U.S. Patent and Trademark Office |
| | FAX NO.: 571/273-2885 |
| | NAME: Michael T. Sanderson |
| FROM: | DATE: September 14, 2006 |
| | OUR REF.: 552-003 |
| PAGES (INCL. COVER): | 3 |
| REMARKS: Re: U.S. Patent Application No. 10/729,788 VEHICLE SAFETY SYSTEM HAVING METHODS AND APPARATUS CONFIGURABLE FOR VARIOUS VEHICLE GEOMETRIES | |
| CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being sent via facsimile to 571/273-2885: Box Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 on September 8, 2006 by _____ | |

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PTO/SB/17 (10-04v2)
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

| | |
|-------------------------|--------------|
| TOTAL AMOUNT OF PAYMENT | (\$ 1000.00) |
|-------------------------|--------------|

| <i>Complete if Known</i> | |
|--------------------------|------------------|
| Application Number | 10/729,788 |
| Filing Date | December 5, 2003 |
| First Named Inventor | Hongwei Liu |
| Examiner Name | Ronnie M. Mancho |
| Art Unit | 3663 |
| Attorney Docket No. | 552-003 |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number: 11-0978

Deposit Account Name: KING & SCHICKLI, PLLC

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
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FEE CALCULATION (continued)

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 1001 790 | 2001 395 | Utility filing fee | |
| 1002 350 | 2002 175 | Design filing fee | |
| 1003 550 | 2003 275 | Plant filing fee | |
| 1004 790 | 2004 395 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | |

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | Independent Claims | Multiple Dependent | Extra Claims below -20** = | X | = | Fee Paid |
|--------------|--------------------|--------------------|-------------------------------|---|---|----------|
| | | | -3** = | X | = | |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description |
|----------------------------|----------------------------|--|
| 1202 18 | 2202 9 | Claims in excess of 20 |
| 1201 88 | 2201 44 | Independent claims in excess of 3 |
| 1203 300 | 2203 150 | Multiple dependent claim, if not paid |
| 1204 88 | 2204 44 | ** Reissue independent claims over original patent |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$) | | |

***or number previously paid, if greater. For Reissues, see above*

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------------------|-----------------|--|----------|
| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath | |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | |
| 1053 130 | 1053 130 | Non-English specification | |
| 1812 2,520 | 1812 2,520 | For filing a request for ex parte reexamination | |
| 1804 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 110 | 2251 55 | Extension for reply within first month | |
| 1252 430 | 2252 215 | Extension for reply within second month | |
| 1253 980 | 2253 490 | Extension for reply within third month | |
| 1254 1,530 | 2254 785 | Extension for reply within fourth month | |
| 1255 2,080 | 2255 1,040 | Extension for reply within fifth month | |
| 1401 340 | 2401 170 | Notice of Appeal | |
| 1402 340 | 2402 170 | Filing a brief in support of an appeal | |
| 1403 300 | 2403 150 | Request for oral hearing | |
| 1451 1,510 | 1451 1,510 | Petition to institute a public use proceeding | |
| 1452 110 | 2452 55 | Petition to revive - unavoidable | |
| 1453 1,370 | 2453 685 | Petition to revive - unintentional | |
| 1501 1,370 | 2501 685 | Utility issue fee (or reissue) | 700.00 |
| 1502 490 | 2502 245 | Design issue fee | |
| 1503 660 | 2503 330 | Plant issue fee | |
| 1460 130 | 1460 130 | Petitions to the Commissioner | |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | |
| 8021 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 790 | 2809 395 | Filing a submission after final rejection (37 CFR 1.128(a)) | |
| 1810 790 | 2810 395 | For each additional invention to be examined (37 CFR 1.128(b)) | |
| 1801 780 | 2801 395 | Request for Continued Examination (RCE) | |
| 1802 900 | 1802 900 | Request for expedited examination of a design application | |
| Other fee (specify) | Publication Fee | | 300.00 |
| SUBTOTAL (3) (\$) | | | 1000.00 |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1000.00

SUBMITTED BY

(Complete if applicable)

| | | | | | |
|-------------------|----------------------|----------------------------------|---------|-----------|--------------|
| Name (Print/Type) | Michael T. Sanderson | Registration No. /Attorney/Agent | 43,082 | Telephone | 859.252.0889 |
| Signature | | Date | 9-14-06 | | |

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